
By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian
Federal Employees and Contract Personnel

SUBJECT: Nurse Peer Review

1. **PURPOSE:** This Operations Memorandum (OM) sets forth the guidance for conducting peer review for all nursing staff supporting the U.S. Immigration and Customs Enforcement (ICE) Health Services Corps (IHSC). Nursing staff includes all Registered Nurses (RNs) and Licensed Vocation Nurses (LVNs) or Licensed Practical Nurses (LPNs). The primary goal of nursing peer review is to evaluate the appropriateness of services delivered by direct patient care nurses.
2. **APPLICABILITY:** This OM applies to all IHSC RNs, LVNs, and LPNs assigned to IHSC supporting health care operations in IHSC staffed facilities.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 USC § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Section 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 USC § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-5. Title 42, U.S. Code, Section 252 ([42 USC § 252](#)), Medical Examination of Aliens.
 - 3-6. Medical Quality Management Instruction; DHS Instruction Number 248-01-001 (September 10, 2012)

3-7. The Health Care Quality Improvement Act of 1986

- 4. POLICY:** The clinical performance review of each facility's nursing staff will be completed annually. The Health Service Administrator (HSA) or designee will track and ensure a peer review is completed for each RN, LVN, and LPN annually. The Nurse Manager (NM) or designee will provide clinical oversight to the nursing peer review process. The peer review process is designed to examine clinical documentation by nursing staff with the goal of continuous quality improvement. For purposes of this OM, the term "peer" refers to any nurse who possesses commensurate licensure and position as the nurse being reviewed. The peer reviewer may be a co-worker at that same facility, or may work at another IHSC facility.
- 4-1. Review Period.** A peer review will be completed for each nurse six (6) months after hire and annually, thereafter. The reviewing RN, LVN, or LPN will complete the peer review process in accordance with procedures outlined herein. The IHSC Nurse Peer Review Instrument (Appendix A) will be the document used to complete the peer review process.
- 4-2. Process Overview.** The NM will coordinate the peer review process. The peer reviewer will have 30 days to complete the peer review process and to provide documentation back to NM. The peer reviewer will maintain strict confidentiality of review process findings and paperwork during this peer review process.
- 4-3. Findings:** Findings will be recorded on the IHSC Nurse Peer Review Instrument (Appendix A).
- a. **Determination of Findings:** The RN, LVN, or LPN will be notified of completed peer review and will be provided the peer review findings. The threshold for compliance will be 90 percent overall or 85 percent for any one criteria. The IHSC Nurse Peer Review Instrument will be maintained in the credentialing file of the RN, LVN, or LPN.
 - b. **Corrective Action:** Corrective action refers to actions required to correct deficiencies with respect to nursing knowledge or clinical skills. The Determination of Findings will include recommendations for improvement. The threshold for compliance at initial or follow up reviews will be 90 percent overall or 85 percent for any one criteria. The RN, LVN, or LPN will be notified by the NM of any corrective action plan. If compliance at review is below threshold then a corrective action plan will follow the procedures outlined herein.

- c. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews will be maintained by the NM.
- d. The Chief Nurse may request random audits of Nursing Peer Review documentation from IHSC staffed facilities as needed for development and implementation of quality improvement activities and to identify nursing department educational needs.

5. PROCEDURES:

- 5-1.** Advance notification: The NM will notify the RN, LVN, or LPN(s) being reviewed 30 days prior to the peer review. Notification will be in writing via electronic mail with a read receipt.
- 5-2.** The NM or designee assigns the peer reviewer. Each nurse will have at least ten (10) patient encounters or progress notes reviewed by a peer. The peer reviewer will select completed encounters from the electronic health record (from the last year prior to review) or they can directly observe the nurse. Encounters reviewed will include a variety of patient encounters to include review of Health Records Documentation, Intake Screening, Sick Call, Health Appraisal/Physical Examination, and Medication Administration depending on the nurse's credential level (RN, LPN, or LVN).
- 5-3.** The peer review results will be recorded on the IHSC Nurse Peer Review Instrument (Appendix A).
- 5-4.** The peer review process will be completed within a 30 day period. The peer reviewer will return the completed IHSC Nurse Peer Review Instrument document to the NM when completed. The NM will review and complete corrective action plan if needed and route results to the HSA or designee for inclusion in employee credential folder. A RN can review another RN or LPN. LPNs cannot complete a review on an RN.
- 5-5.** Findings: The nurse will be provided by the NM a copy of the nurse peer review instrument within 30 days after the NM has reviewed document.
- 5-6.** Peer Review documents will be kept confidential during the review process and after completion will be filed in the employee's credential file. Each review is to incorporate the following elements: the name of the individual being reviewed, the date of the review, the name and credentials of the reviewer, a summary of findings and corrective action plan, if any, and confirmation that the review was shared with the individual being reviewed.

- 5-7. Corrective Action:** The threshold for compliance will be 90 percent overall or 85 percent for any one criteria .The IHSC Nurse Peer Review Instrument contains recommendations for improvement that will be completed by the NM. The nurse will be notified of any corrective action plan.
- a. Corrective action plan process: The corrective action plan must include: 1) RN, LVN, or LPN review and written acknowledgment of the IHSC Nurse Peer Review Instrument findings; 2) Additional training and/or supervision as indicated; 3) A repeat peer review will be performed within three-six months of the deficient review or may be performed sooner if deemed necessary. See Table 1 below.
 - b. Satisfactory corrective action findings: Upon completion of the corrective action process and 1st repeat peer review, the RN, LVN, or LPN will be notified. Documentation of successful corrective action will be maintained in the credentialing file of the nurse.
 - c. Unsatisfactory corrective action findings: For PHS officers and federal staff: If peer review is found to be unsatisfactory after the initial corrective action process including the repeat peer review is completed, the NM and the HSA will meet with the RN, LVN, or LPN to review the findings. Additional training and/or supervision will be recommended and documented. Negative findings are used to help identify and educate the nurse in areas where improvement is warranted. Opportunities for improvement and/or re-training are made available to the nurse. For Contractor Employees: If a peer review is unsatisfactory, it is the responsibility of the contracted personnel's employer to provide feedback and develop a corrective action plan to address any unsatisfactory findings identified, and coordinate the corrective action plan with the technical monitor through the COR.
 - d. Persistent unsatisfactory findings: The NM, or designee, will implement an independent review if the corrective action after third peer review fails to result in the nurse meeting the compliance threshold.
 - (1) For PHS officers and federal staff: The NM will contact the Chief Nurse to implement this review. The independent review will assess the RN, LVN, or LPN's compliance with discipline specific and community standards and will look at trends in the clinical practice of the nurse. The review may be conducted on site or remotely as long as the reviewer has not been previously involved in the care of the patient(s) involved.

- (2) For Contractor Employees: If after three repeated peer reviews and compliance is still unsatisfactory, it is the responsibility of the contracted personnel's employer to provide feedback and develop a corrective action plan to address the compliance failure, and coordinate the addition corrective action plan with the technical monitor through the COR.
- e. Serious concerns. If there is serious concern about an individual nurse's competence, an independent review will be implemented. The independent review is the assessment of a health care professional's compliance with discipline specific and community standards. The NM will consult with the CN in determining the appropriateness for the independent review and who will conduct the review. The independent reviewer cannot be a nurse previously involved in the detainee's care.

Table 1:

Peer Review	Findings (Satisfactory/Unsatisfactory- below threshold)	Follow Up Needed
Annual	Satisfactory	NM Reviews, copy provided to nurse, and HSA files in employee file
Annual	Unsatisfactory	NM Reviews, Corrective Action Plan developed PHS/Federal: NM discusses corrective action plan with nurse, copy provided to nurse, HSA files in employee file, new peer review completed in 3-6months Contractor: If a peer review is unsatisfactory, it is the responsibility of the contracted personnel's employer to provide feedback and develop a corrective action plan to address any unsatisfactory findings identified, and coordinate the corrective action plan with the technical monitor through the COR.
Corrective Action Review	Satisfactory	NM Reviews, copy provided to nurse, and HSA files in employee file

Corrective Action Review	Unsatisfactory	NM Reviews, additional Corrective Action Plan developed <u>PHS/Federal:</u> copy provided to nurse, NM and HSA discuss corrective action plan with nurse, HSA files in employee file, new peer review completed in 3 months <u>Contractor:</u> If a peer review is unsatisfactory, it is the responsibility of the contracted personnel's employer to provide feedback and develop a corrective action plan to address any unsatisfactory findings identified, and coordinate the corrective action plan with the technical monitor through the COR.
2nd Corrective Action Review	Satisfactory	NM Reviews, copy provided to nurse, and HSA files in employee file
2nd Corrective Action Review	Unsatisfactory	NM Reviews <u>PHS/Federal:</u> CN notified for indepent review, copy provided to nurse. CN, NM, and HSA discuss corrective action plan with nurse, HSA files in employee file, new peer review completed in 3 months <u>Contractor:</u> If a peer review is unsatisfactory, it is the responsibility of the contracted personnel's employer to provide feedback and develop a corrective action plan to address any unsatisfactory findings identified, and coordinate the corrective action plan with the technical monitor through the COR.

Serious Concerns	Repeated Unsatisfactory Findings	If there is serious concern about an individual nurse's competence, an independent review will be implemented. The independent review is the assessment of a health care professional's compliance with discipline specific and community standards. The NM will consult with the CN in determining the appropriateness for the independent review and who will conduct the review.
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6. **HISTORICAL NOTES:** This OM replaces 01-14 Nurse Chart Audits and the Nurse Chart Audit Guide in the IHSC Policy and Procedure Manual. This is the first issuance for Nurse Peer Review published under the new Policy and Procedure System.
7. **DEFINITIONS:** Definitions for this OM are found in the IHSC Glossary located on SharePoint: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)
8. **APPLICABLE STANDARDS:**
 - 8-1. **Performance Based National Detention Standards (PBNDs):**
PBNDs 2011: 4.3 Medical Care; BB. Administration of the Medical Department; 3. Peer Review
 - 8-2. **National Commission on Correctional Health Care (NCCHC):**
Standards for Health Services in Jails, 2014: J-C-02 Clinical Performance Enhancement

Appendix A – IHSC Nurse Peer Review Instrument.

APPENDIX A**IHSC Nurse Peer Review Instrument****Purpose of Peer Review (Annual/Corrective Action/Site Visit):****Date Review Performed:****IHSC Facility:****Nurse Reviewed/Title:****Peer Reviewer/Title:****General Comments:**

STANDARDS	DOCUMENTATION REVIEW	DIRECT OBSERVATION (DO)
Step 1: First 6 Reviews will be completed on all RNs, LVNs, or LPNs		
Intake Screening: Reviewer: _____ Date: _____ Time: _____ (Directly Observed) RN, LVN, or LPN	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not</i> <i>Applicable=NA</i>
1. Transfer form reviewed, signed and dated		
2. Vital signs (VS), height, weight, HCG, pain assessment and blood sugar (if indicated) obtained and documented		
3. Detainee's preferred language for communicating, documented		
4. Detainees with chronic care illnesses are referred to be evaluated by a Mid-Level Provider (MLP) or Physician (MD)		
5. Abnormal findings (Chest X-Ray, VS, wounds, etc.) are identified, documented and referred to MLP/MD for evaluation		
6. Document the use of two forms of identification to verify detainee's identity (DO and chart audit)		
7. Use of interpreter documented with identification number		
8. Patient Education provided and documented		

Intake Screening: Reviewer: _____ Date: _____ Time: _____ (Chart Review) RN, LVN, or LPN	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Transfer form reviewed, signed and dated		
2. Vital signs (VS), height, weight, HCG, pain assessment and blood sugar (if indicated) obtained and documented		
3. Detainee's preferred language for communicating, documented		
4. Detainees with chronic care illnesses are referred to be evaluated by a Mid-Level Provider (MLP) or Physician (MD)		
5. Abnormal findings (Chest X-Ray, VS, wounds, etc.) are identified, documented and referred to MLP/MD for evaluation		
6. Document the use of two forms of identification to verify detainee's identity		
7. Use of interpreter documented with identification number		
8. Patient Education provided and documented		
Intake Screening: Reviewer: _____ Date: _____ Time: _____ (Directly Observed) RN, LVN, or LPN	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Transfer form reviewed, signed and dated		
2. Vital signs (VS), height, weight, HCG, pain assessment and blood sugar (if indicated) obtained and documented		
3. Detainee's preferred language for communicating, documented		
4. Detainees with chronic care illnesses are referred to be evaluated by a Mid-Level Provider (MLP) or Physician (MD)		
5. Abnormal findings (Chest X-Ray, VS, wounds, etc.) are identified, documented and referred to MLP/MD for evaluation		
6. Document the use of two forms of identification to verify detainee's identity (DO and chart audit)		
7. Use of interpreter documented with identification number		
8. Patient Education provided and documented		

Medication Administration: Reviewer: _____ Date: _____ Time: _____ (Directly Observed)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Documented use of two forms of identification to verify detainee's identity		
2. Documents in medical record and notifies the provider of (3) consecutive 'no-shows' or refusals to ensure follow-up / consultation		
3. Medication Administration Record is signed off accurately after medication administration		
4. Performs direct observation during medication administration		
5. Performs the (5) rights prior to administering medication		
Medication Administration: Reviewer: _____ Date: _____ Time: _____ (Directly Observed)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Documented use of two forms of identification to verify detainee's identity		
2. Documents in medical record and notifies the provider of (3) consecutive 'no-shows' or refusals to ensure follow-up / consultation		
3. Medication Administration Record is signed off appropriately after medication administration		
4. Performs direct observation during medication administration		
5. Performs the (5) rights prior to administering medication (DO)		
Medication Administration: Reviewer: _____ Date: _____ Time: _____ (Directly Observed)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Documented use of two forms of identification to verify detainee's identity (DO and chart audit)		
2. Documents in medical record and notifies the provider of (3) consecutive 'no-shows' or refusals to ensure follow-up / consultation		
3. Medication Administration Record is signed off accurately after medication administration		
4. Performs direct observation during medication administration		
5. Performs the (5) rights prior to administering medication		

Step 2: 4 Reviews for RNs ONLY (Sick Call and Health Assessment Review)		
Sick Call: Reviewer: _____ Date: _____ Time: _____ (Directly Observed) RN Only (NA-LVN/LPN)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Treatment plan in accordance with the RN guidelines		
2. Medications, Over-the-Counter, documented on the medication profile and updated as required		
3. Documentation includes S-Subjective, O-Objective, A-Assessment (Nurse Diagnosis), P-Plan, and E-Education		
4. Document the use of two forms of identification to verify detainee's identity (DO)		
5. Guideline used is documented in record		
Sick Call: Reviewer: _____ Date: _____ Time: _____ (Chart Review) RN Only (NA-LVN/LPN)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Treatment plan was in accordance with the RN guidelines		
2. Medications, Over-the-Counter, documented on the medication profile and updated as required		
3. Documentation includes S-Subjective, O-Objective, A-Assessment (Nurse Diagnosis), P-Plan, and E-Education		
4. Document the use of two forms of identification to verify detainee's identity		
5. Guideline used is documented in record		
Health Appraisal/Physical Examination (only for RNs who have received PE training with documentation of training in the RN's training record) Reviewer: _____ Date: _____ Time: _____ (Directly Observed) RN Only (NA-LVN/LPN)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Vital signs, including height/weight and pain obtained, documented		
2. History of chronic disease or any abnormalities identified and referred to MLP/MD/Behavioral Health Provider		
3. A thorough history is conducted pertinent past medical, social, mental history and review of systems (DO and chart audit)		
4. Documented use of two forms of identification to verify detainee's identity (DO and chart audit)		
5. Patient Education provided and documented		

Health Appraisal/Physical Examination (only for RNs who have received PE training) Reviewer: _____ Date: _____ Time: _____ (Directly Observed) RN Only (NA-LVN/LPN)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Vital signs, including Height/weight and pain obtained, documented		
2. History of chronic disease or any abnormalities identified and referred to MLP/MD/Behavioral Health Provider		
3. A thorough history is conducted pertinent past medical, social, mental history and review of systems (DO and chart audit)		
4. Documented use of two forms of identification to verify detainee's identity (DO and chart audit)		
5. Patient Education provided and documented		
Step 2: Reviews for LVNs or LPNs only- Additional Medication Administration and Intake Reviews		
Intake Screening: Reviewer: _____ Date: _____ Time: _____ (Directly Observed) LVN, or LPN	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Transfer form reviewed, signed and dated		
2. Vital signs (VS), height, weight, HCG, pain assessment and blood sugar (if indicated) obtained and documented		
3. Detainee's preferred language for communicating, documented		
4. Detainees with chronic care illnesses are referred to be evaluated by a Mid-Level Provider (MLP) or Physician (MD)		
5. Abnormal findings (Chest X-Ray, VS, wounds, etc.) are identified, documented and referred to MLP/MD for evaluation		
6. Document the use of two forms of identification to verify detainee's identity		
7. Use of interpreter documented with identification number		
8. Patient Education provided and documented		
Intake Screening: Reviewer: _____ Date: _____ Time: _____ (Chart Review) LVN, or LPN	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Transfer form reviewed, signed and dated		
2. Vital signs (VS), height, weight, HCG, pain assessment and blood sugar (if indicated) obtained and documented		

3. Detainee's preferred language for communicating, documented		
4. Detainees with chronic care illnesses are referred to a Mid-Level Provider (MLP) or Physician (MD)		
5. Abnormal findings (Chest X-Ray, VS, wounds, etc.) are identified, documented and referred to MLP/MD for evaluation		
6. Documented the use of two forms of identification to verify detainee's identity		
7. Use of interpreter documented with identification number		
8. Patient Education provided and documented		
Medication Administration: Reviewer:_____Date:_____ Time:_____ (Directly Observed)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Documented use of two forms of identification to verify detainee's identity (DO and chart audit)		
2. Documents in medical record and notifies the provider of (3) consecutive 'no-shows' or refusals to ensure follow-up / consultation		
3. Medication Administration Record is signed off after medication administration		
4. Performs direct observation during medication administration		
5. Performs the (5) rights prior to administering medication		
Medication Administration: Reviewer:_____Date:_____ Time:_____ (Directly Observed)	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>	<i>Met=M</i> <i>Not Met=NM</i> <i>Not Applicable=NA</i>
1. Documented use of two forms of identification to verify detainee's identity (DO and chart audit)		
2. Documents in medical record and notifies the provider of (3) consecutive 'no-shows' or refusals to ensure follow-up / consultation		
3. Medication Administration Record is signed off appropriately after medication administration (DO and chart audit)		
4. Performs direct observation during medication administration (DO)		
5. Performs the (5) rights prior to administering medication (DO)		

Peer Reviewer's Comments:

Nurse Manager Review and Areas for Improvement Identified:

Corrective Action Plan:

Follow up Peer Review if needed for Corrective actions identified and date scheduled:

Reviewee's Signature and Date:

Reviewer's Signature and Date: